

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/647,739

Filing Date

08/25/2003

First Named Inventor

Pastor et al.

Art Unit

1614

Examiner Name

Anderson, James D.

Attorney Docket Number

A34700 PCTUSA-1 069277.0113

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):Tab A - Executed Rule 1.132 Declaration;
Abbreviated CV; and
Request for Continued Examination (RCE)

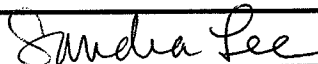
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Baker Botts L.L.P.

Signature



Printed name

Sandra S. Lee

Date

03/06/2008

Reg. No.

51,932

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Date

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FEE TRANSMITTAL for FY 2007

Complete if Known

| | |
|----------------------|-----------------------------|
| Application Number | 10/647,739 |
| Filing Date | 08/25/2003 |
| First Named Inventor | Pastor et al. |
| Examiner Name | Anderson, James D. |
| Art Unit | 1614 |
| Attorney Docket No. | A34700 PCTUSA-1 069277.0113 |

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 635

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

| | Extra Claims | Fee | Fee Paid |
|--------------------|--------------|-----|----------|
| Total Claims | | 25 | \$0 |
| Independent Claims | | 105 | \$0 |
| Multiple Dependent | | | \$0 |

SUBTOTAL \$0

| Fee Description | Large Entity | Small Entity |
|---------------------------------------|--------------|--------------|
| Claims in excess of 20 | 50 | 25 |
| Independent claims in excess of 3 | 210 | 105 |
| Multiple dependent claim, if not paid | 370 | 185 |

FEE CALCULATION (continued)

ADDITIONAL FEES

| | |
|---|-------|
| <input type="checkbox"/> Surcharge - late oath or filing fee | |
| <input type="checkbox"/> Non-English Specification | |
| <input type="checkbox"/> Extension for reply within first month | |
| <input checked="" type="checkbox"/> Extension for reply within second month | \$230 |
| <input type="checkbox"/> Extension for reply within third month | |
| <input type="checkbox"/> Extension for reply within fourth month | |
| <input type="checkbox"/> Extension for reply within fifth month | |
| <input type="checkbox"/> Notice of Appeal | |
| <input type="checkbox"/> Filing a brief in support of an appeal | |
| <input type="checkbox"/> Petition to revive - unavoidable | |
| <input type="checkbox"/> Petition to revive - unintentional | |
| <input type="checkbox"/> Utility Issue Fee | |
| <input type="checkbox"/> Design Issue Fee | |
| <input type="checkbox"/> Publication Fee | |
| <input type="checkbox"/> Petitions to the Commissioner | |
| <input checked="" type="checkbox"/> Request for Continued Examination (RCE) | \$405 |
| <input type="checkbox"/> Information Disclosure Statement (IDS) | |
| Other fee - | |

SUBTOTAL (\$) 635

SUBMITTED BY

(Complete if applicable)

| | | | | | |
|-------------------|---------------|-----------------------------------|------------|-----------|--------------|
| Name (Print/Type) | Sandra S. Lee | Registration No. (Attorney/Agent) | 51,932 | Telephone | 212-408-2500 |
| Signature | | Date | 03/06/2008 | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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